

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.:	10/666,579)	Confirmation No.:	9166
Applicant:	Kahle et al.)		
Filed:	September 17, 2003)		
TC/A.U.:	3732)		
Examiner:	O'Connor, Cary E.)		
Docket No.:	A-2845-AL)		
Customer No.:	21378)		
)

**STATEMENT FOR FILING DUPLICATE
AMENDMENT DATED OCTOBER 17, 2006**

Applicant inadvertently filed an Amendment dated October 17, 2006 in response to the Office action mailed August 17, 2006, as a single document rather than a multi-document.

Applicant hereby re-submits Amendment dated October 17, 2006 as a multi-document, listing the Amendment, specification, claims and argument separately.

Respectfully submitted,

APPLIED MEDICAL RESOURCES

BY David G. Majdali
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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

FEE TRANSMITTAL

For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$0.00)

Complete if Known

Application Number	10/666,579
Filing Date	September 17, 2003
First Named Inventor	Henry Kahle
Examiner Name	O'Connor, Cary E.
Art Unit	3732
Attorney Docket No.	A-2845-AL

METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 01-2215 Deposit Account Name: Applied Medical Resources Corporation

For the above-identified deposit account the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below except for the filing fee Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity

Fee (\$)

Fee (\$)

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total Claims 37 Extra Claims Fee (\$) Fee Paid (\$)

Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

10 - 20 or HP = 0 x 50 = 0

HP = highest number of total claims paid for, if greater than 20

Indep. Claims 4 Extra Claims Fee (\$) Fee Paid (\$)

3 - 3 or HP = 0 x 200 = 0

HP = highest number of independent claims paid for if greater than 3

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

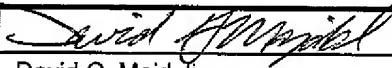
- 100 = / 50 = (round up to a whole number) x = Fees Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

Signature		Registration No (Attorney/Agent) 53,257	Telephone 949-713-8233
Name (Print/Type)	David G. Majdali	Date	October 17, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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